

# MEDICAL BENEFIT SUMMARY

Administered by  
UnitedHealthcare

Visit  
[www.osc.  
ct.gov/  
ctpartner](http://www.osc.ct.gov/ctpartner)  
[click “provider  
networks”]  
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providers.

## IN NETWORK

Deductible	Not applicable*
Coinsurance	Not applicable
Max Out-of-Pocket Limit	Not applicable
Medical Office Visit	\$15 Co-pay
Specialist Office Visit	\$15 Co-pay
Vision Exams (one per calendar year)	\$15 Co-pay
Inpatient Hospital	\$0 Co-pay
Outpatient Surgical	\$0 Co-pay
Emergency Room	\$35 Co-pay (waived if admitted)
Urgent Care	\$15 Co-pay
Walk In	\$15 Co-pay
Lab/ X-Ray High Cost Radiological & Diagnostic Tests	\$0 Co-pay

\* Waived for enrollees in Health Enhancement Program. Non-HEP Enrollees are subject to \$350 Ind./\$1,400 Family in-network deductible.

## PREVENTATIVE SERVICES

### CT Partnership Plan w/ Health Enhancement Program

Primary Care (Adult and Child Wellness Exams)	\$0 Co-pay
Gynecologist Wellness	\$0 Co-pay
Mammogram	\$0 Co-pay
Lifetime Maximum	Unlimited

## PRESCRIPTION COVERAGE

	MAINTENANCE DRUGS	NON-MAINTENANCE DRUGS	HEP CHRONIC CONDITION DRUGS
Generic	\$5	\$5	\$0
Preferred/Listed Brand Name	\$10	\$20	\$5
Non-Preferred/Non-Listed Brand Name	\$25	\$35	\$12.50
Annual Maximum	Unlimited		

## OUT OF NETWORK

### CT Partnership Plan w/ Health Enhancement Program

Annual Deductible	\$300 individual/\$900 family
Coinsurance	20% of allowable UCR charges
Max Out-of-Pocket Limit	\$2,300 individual/\$4,900 family
Lifetime Maximum	Unlimited

## ADDITIONAL MEDICAL BENEFIT INFORMATION

### IN NETWORK

### CT Partnership Plan w/ Health Enhancement Program

Deductible	Not applicable*
Acupuncture (20 visits/year)	\$15 Co-pay
Chiropractic	\$0 Co-pay
Nutritional Counseling (3 visits/year)	\$0 Co-pay
Physical/Occupational Therapy	\$0 Co-pay
Durable Medical Equipment	\$0 Co-pay
Routine Hearing Screening (as part of an exam)	\$15 Co-pay

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### UnitedHealthcare/Oxford Contact Information

Live, knowledgeable customer service representatives are available for current State of Connecticut Partnership members toll-free at 800-385-9055 from 8am to 6pm EST, Monday through Friday.

If you prefer, you may also visit <http://partnershipstateofct.welcometouhc.com> to search for a participating physician or facility, to learn about your health plan, to find the status of claims, or obtain additional information about discount programs offered to State of Connecticut Partnership members.

# DENTAL BENEFIT SUMMARY

Administered by Cigna

	Unlimited Maximum Plan	\$750 Annual Maximum Plan	\$1,000 Annual Maximum Plan	\$1,500 Annual Maximum Plan
	IN/OUT NETWORK	IN/OUT NETWORK	IN/OUT NETWORK	IN/OUT NETWORK
Annual Deductible	\$0	\$0	\$25 indiv/\$75 family	\$0
Annual Maximum	NONE	\$750	\$1,000	\$1,500
Lifetime Orthodontia Max	N/A	N/A	\$1,500	\$1,500
DEDUCTIBLE WAIVED				
Preventive	Yes	Yes	Yes	Yes
Basic	N/A	N/A	No	N/A
Major	N/A	N/A	No	N/A
PREVENTATIVE				
X-Ray	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%
Oral Exam	100%	100%	100%	100%
Flouride	80%	100%	80%	100%
BASIC				
Fillings	80%	0%	80%	80%
Endodontics	80%	0%	80%	80%
Periodontics	80%/50%	0%	80%/50%	80%
Simple Extractions	80%	100%	80%	80%
Dentures (Repair Only)	80%	0%	80%	80%
Bridges (Repair Only)	80%	0%	80%	80%
MAJOR				
Crown	67%	0%	50%	67%
Inlays	67%	0%	50%	67%
Onlays	67%	0%	50%	67%
Dentures	0%	0%	0%	67%
Bridges	0%	0%	0%	67%
Space Maintainers	67%	100%	50%	100%
Oral Surgery	67%	0%	50%	67%
ORTHODONTIA				
Braces (Adult & Child)	N/A	N/A	50%	50% Child Only

# VISION RIDER

One Pair of glasses **or** Contact Lenses including fitting per calendar year

Frames	
Single Vision Lenses Bifocal Lenses Trifocal Lenses	Total Reimbursement up to \$150 for frames and lenses
Prescription Contact Lenses	Up to \$225 per calendar year
Contact Lense Fitting	Up to \$120 per calendar year
Mail Order Vision Products	www.eyeglasses.com 12% discount www.visiondirect.com 15% discount
Laser Vision Correction	5-15% discount
Optometry	10-15% discount

Please visit [www.optumhealthallies.com](http://www.optumhealthallies.com)

# 2013 HEP PREVENTIVE CARE REQUIREMENTS

Preventive Service	Birth – age 5	Age 6 - 17	Age 18 – 24	Age 25 – 29	Age 30 – 39	Age 40 – 49	Age 50+
<b>Preventive Visit</b> SEBAC	Once per year	Once every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
<b>Vision Exam</b> SEBAC	N/A	Every 2 years	Every 2 years	Every 2 years	Every 2 years	Every 2 years	Every 2 years
<b>Dental Cleanings</b> SEBAC	N/A	At Least 1 every year	At Least 1 every year	At Least 1 every year	At Least 1 every year	At Least 1 every year	At Least 1 every year
<b>Cholesterol Screening</b> SEBAC	N/A	N/A	Every 5 years starting at 20	Every 5 years	Every 3 years	Every 2 years	Every year
<b>Breast Cancer Screening (Mammogram)</b> SEBAC	N/A	N/A	N/A	N/A	One screening between the ages of 35 and 39. Otherwise as recommended by physician	As recommended by physician	As recommended by physician
<b>Clinical Breast Exam</b> SEBAC	N/A	N/A	Every 3 years	Every 3 years	Every 3 years	Every 3 years	Every 3 years
<b>Cervical Cancer Screening (Pap Smear)</b> SEBAC	N/A	N/A	Every 3 years starting at age 21	Every 3 years	Every 3 years	Every 3 years	Every 3 years
<b>Colorectal Cancer Screening</b> SEBAC	N/A	N/A	N/A	N/A	N/A	N/A	Annual FIT/FOBT or Colonoscopy every 10 years

These requirements meet compliance with the HEP Preventive Program as outlined in the SEBAC agreement and have not changed from 2012.

As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician

# IMPORTANT CONTACT INFORMATION

## Oxford - Medical

Customer Service for Members

800-385-9055

Website Member Portal

<http://partnershipstateofct.welcometouhc.com>

## United Healthcare - Dental

Customer Service for Members

800-896-4834

Website Member Portal

[www.myuhcdental.com/statect](http://www.myuhcdental.com/statect)

## CVS Caremark - Pharmacy

Customer Service for Members

800-318-2572

Website Member Portal

[www.cvscaremark.com](http://www.cvscaremark.com)